LOBBYING SUPPLEMENTAL REGISTRATION FORM

Terminated Representation as of _____

To be used for changes to registrations and terminations.



FOR OFFICE USE ONLY

!	Rouge LA 70808, (225) This form must be sub- form, to add employers	Instructions In to Board of Ethics, 2415 Qu 763-8777 or (800) 842-6630, nitted within 5 days of any chan or those you represent, or if you it must be submitted within 10 descriptions.	No fee is required, ges in your registration occase all activities	л		FOR OFI Postmark Su		54 ∤9
1.	NAME Harkins	Deborah	D.			10	7226	8
	Last	First	мт		.			
2.	BUSINESS PHONE(504) 586-1200			L	 .		
1	BUSINESS ADDRESS	643 Magazine Street	New Orleans	LA	70130	ı	r,	
-		Street and No.	City	Stabs	Zip		·	
	MAILING ADDRESS_	Same					4 ,	
	EMPLOYER McGline	Poma	Cily	_	State	Zip	C. 29	
۳.	WILDOTEK STEDERE	Street and No.	City		Starc	Zijs		
	LIST BELOW (a) Name person, group, or organ group; (d) whether or n	inated all lobbying activities red s of persons, groups, or organiz- ization listed; (c) the type of bu- or the client or someone clse pa	ations which you are a sinces each is engaged	dding er i in or th	e numbers of fur	oction of the	organizat	such ion or
	1. Native National	Heritage Academies						
	Address 3850 Bi	roadmoor Ave. SE, Suite	201, Grand Rapid	s, MI 4	49512			
	Business or purpos	e Charter Schools	<u>.</u> ,					
	New Represe	mtation es this person pay you? No						
	If No, who pays ;	you? McGlinchey Stafford	I, PLLC					

SUPPLEMENTAL REGISTRATION FORM



2.	Name Early Childhood and Family Learning Foundation				
	Address 1515 Poydras St., 12th Floor, New Orleans, LA 70112				
	Business or purpose Early Childhood Development				
	New Representation Does this person pay you? No				
	tf No, who pays you? McGlinchey Stafford, PLLC				
	Terminated Representation as of				
3.	Name AGL Services Company				
	Addross Ten Peachtree Place, Atlanta, GA 30309				
	Business or purpose_resource management				
	New Representation Does this person pay you? NO				
	L'No, who paya you?				
	Terminated Representation as of				

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Furm 501, Rev. 10(2052